

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/914042

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8		1					58						
9		1					59						
10	1						60						
11		1					61						
12		1					62						
13	1						63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19	1						69						
20		1					70						
21	1						71						
22		1					72						
23	1						73						
24		1					74						
25		1					75						
26	1						76						
27		1					77						
28	1						78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33	1						83						
34		1					84						
35	1						85						
36		1					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	25						TOTAL DEP.						
TOTAL CLAIMS	36						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS